



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE Application Date June 24, 1976 Application Number DHR-77		1. Agency Address Department of Human Resources Division of Administration Patient Accounts Unit 47 Trinity Avenue, Rm. 318-H Atlanta, Georgia		FOR RECORDS MANAGEMENT USE Application Number 76-217 Date Received JUN 28 1976 Date Completed JUN - 6 1976	
2. Person to Contact Gwen Brewster		Working Title Director		Telephone Number 656-4860	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series Earliest Latest 1972 Present		5. Records Series Title (followed by title used in office, if different) Patient Accounts Out-Patient Charges Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Administration is responsible for providing administrative support to the Department. This includes general accounting services; budget development and management; general support services; data processing and management information systems; patient accounts services; and personnel services. The Patient Accounts Unit is responsible for actively investigating each patient's ability to pay upon entering any State hospital; applies and collects for cost of care from hospital. This office also receives Medicare insurance, Medicaid checks, personal net income or other benefits and applies them to individual accounts, checking to be sure there is no overpayment.					
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: <i>maintaining out-patient-charges incurred by patients.</i> <i>ARE Computer Listings included but NOT limited to;</i> Included: _____ patient name and number, types and date of services and financial amount balance.					
File is arranged: <i>chronologically by year thereunder by institution.</i>					
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>10</u> ; Seven to twelve months old <u>5</u> ; Thirteen to twenty-four months old <u>5</u> ; twenty-five months and older <u>1</u> ?					
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves <u>2</u> ; Other (specify) _____					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <i>Confidential Client Information</i>
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. <i>Annual report ledger</i>
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed? <i>Request for COM attached</i>
X		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>4</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Based on previous reference experience, Patient Accounts need files for a 4 year period.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 4 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Gene Brewster</i>	6-24-76	<i>William J. McDonald RMO</i>	6-25-76

State Records Committee (Signature)		Date
State Auditor/Designee	<i>[Signature]</i>	7-1-76
Secretary of State/Designee	<i>Carroll Hart</i>	6-30-76
Attorney General/Designee	<i>[Signature]</i>	7-2-76

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)